U.S. Department of Transportation
United States Coast Guard

Commandant
United States Coast Guard

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COMDTINST 6010.18A
14 AUG 1991

COMMANDANT INSTRUCTION 6010.18A

Subj: Use of Clinic Automated Management System (CLAMS) data collection forms; Status-Profile, CG-5460A, and Visit Profile, CG-5460B

1. **PURPOSE.** This Instruction provides additional information concerning the use of the Clinic Automated Management System, establishes the patient check in forms, Status-Profile, CG-5460A and Visit Profile, CG-5460B, and provides updated instructions for using the forms.

2. **DIRECTIVES AFFECTED**. Commandant Instruction 6010.18 is canceled. The contents of this Instruction will be incorporated into a future change to COMDTINST 6000.1 (series), Medical Manual.

3. **DISCUSSION**. The new Clinic Automated Management System software is being installed at Coast Guard clinics and sickbays. Use of the software is explained in the CLAMS Users Guide. This Instruction covers form use and availability only. Coast Guard health care facilities shall use either the Visit Profile or Status-Profile form, as appropriate, to perform patient check in, collect patient identification information, and to compile outpatient visit statistical data for each visit. Enclosure (1) contains specific instructions for completing the forms and guidelines for their use.

   a. The Status-Profile form can be used for any visit by either an active duty member or civilian employee. It must be used for their first time visits, and for visits when a duty status slip may be required.

   b. The Visit Profile form must be used by all dependents and retirees. It can be used by active duty and civilian employees who have previously been entered into the database and will not need a duty status chit. If a Visit Profile sheet is started on a patient who later turns out to need a duty status, discard the Visit Profile and start over on a Status-Profile (which has a duty status chit included).

c. Status-**Profile and Visit Profile forms are temporary records, and can be destroyed one month after the Headquarters and MLC reports which reflect their data have been completed (clinics report monthly and sickbays report every six months). This is sufficient time to ensure that viable, usable data has been received and processed. To accommodate possible difficulties during the CLAMS phase-in period, do not destroy any profile sheets before 1 October 1991.**

d. **The CLAMS reporting system replaces several forms and generates required reports. Units may discontinue the use of replaced forms after their CLAMS program is installed and has successfully generated all required forms and reports. Replaced forms are:**

(1) **Medical Report of Duty Status (HSA-131)**

(2) **Aeromedical Grounding and Clearance Notices (NAVMED 6410.1 and 6410.2)**

(3) **Clinic Data Collection Form (CG-5460)**

(4) **Dental Daily Workload Report (CG-4630A)**

(5) **Dental Workload Report (CG-4630)**

(6) **Report of Non-USCG Outpatient Health Care (CG-5403) (RCN-6000-3 applies)**

(7) **Health Services Statistical Report (CG-4142) (RCN 6000-1 applies)**

(8) **Request for Medical/Dental Records (DD-877)**

e. Outpatient Medication Profile (CG-4921) use is optional at facilities using CLAMS pharmacy module or the Tri-Service Micro Pharmacy System.

4. **<u>ACTION</u>. Area and district commanders, commanders of maintenance and logistics commands, unit commanding officers, and Commander, CG Activities Europe shall ensure compliance with the provisions of this Instruction.**

5. **<u>FORMS AVAILABILITY</u>. An initial stocking of Status-Profile and Visit Profile forms were supplied to health care facilities. Status-Profile, CG-5460A, is available from Coast Guard Supply Center using SN 7530-01-GF3-2520, U/I (PG) (100 sets). Visit Profile, CG-5460B, is available from Coast Guard Supply Center using SN 7530-01-GF3-2530, U/I (PD) (100 sheets).**

R. R. BOCK
Acting Chief, Office of Health and Safety

Encl: (1) Clinic Automated Management System (CLAMS), Use of the Status-Profile (CG-5460A) and Visit Profile (CG-5460B)
(2) Status-Profile sample form
(3) Visit Profile sample form

Non-Standard Distribution:

B:c MLCLANT, MLCPAC (6 extra)
C.a Cape Cod, Miami, Clearwater, Borinquen, Traverse City and Astoria only (5), Brooklyn, New Orleans, Corpus Christi, San Diego, Sacramento and Barbers Point only (3)
C:b Humboldt Bay, North Bend, Port Angeles and Sitka only (4), Savannah, Houston and San Francisco only (2)
C:e Philadelphia, Wilmington, Galena Park and Anchorage only (2)
C:I Rockland, St. Petersburg, Port O'Connor, Port Isabel, Grand Isle, Venice, and Duluth only (2)
C:v Estartit, Lampedusa, Gesashi, Sellia Marina, Hokkaido, Iwo Jima, Attu, Kure Island, Marcus Island, Port Clarence, St. Paul Island, and Kargaburun only (2)
D:l Guantanamo Bay, San Diego, Pearl Harbor, Naval Amphibious Base Littlecreek, and OASD Liaison only (2)

F:j Houston only (2)

CLINIC AUTOMATED MANAGEMENT SYSTEM

USE OF THE STATUS-PROFILE (CG-5460A) AND VISIT PROFILE (CG-5460B)

Clams will automatically generate the following from information entered at the keyboard for each patient's visit:

. Health Services Statistical Report;

. Report of Non-USCG Outpatient Health Care;

. Practitioner workload and referral patterns;

. Any/all other routine, recurring reports for MLC;

. Health Services Log;

. Binnacle list(s);

. Patient notification letters regarding pap smear, biopsy, and mammography results;

. Lists of persons due or overdue for periodic health services such as physical exams, audio grams, immunizations, etc.;

. Reports on outstanding referrals, which satisfy requirements of the quality assurance program in regard to monitoring patient referrals;

. Lists of potential third party pay cases;

. Lists of physical exams performed;

. Inpatient hospitalization notification messages;

. Patient notification letters regarding results of routine physical exams;

. Epidemiological information on incidence of illness and injury of active duty members;

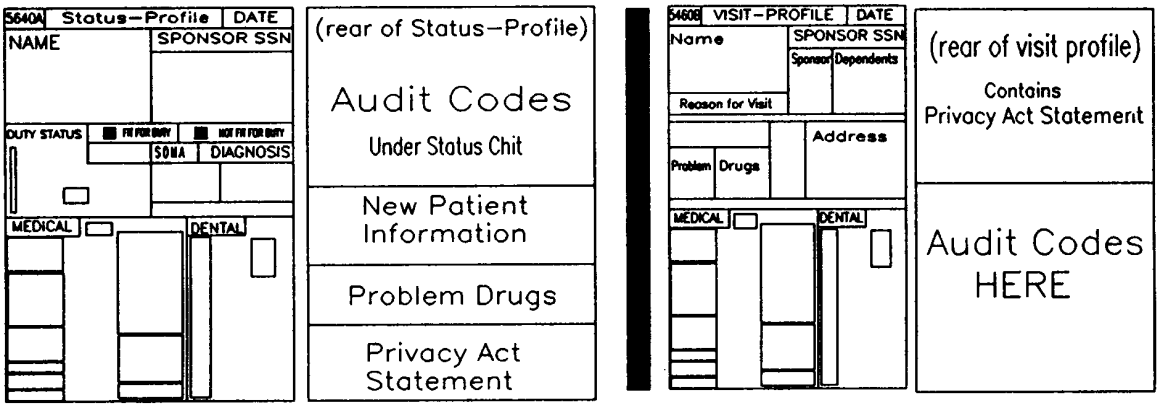
. Requests for medical records, non-federal medical care;

. Lists of all visits where the member was other than fit for full duty (useful for medical boards, spotting absentee abuse patterns, etc.);

. Patient lists for health care audits; and

. Medication usage information (profile) on any patient or drug.

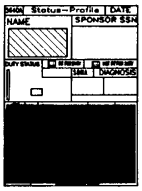
Form Display: Place supplies of the Status-Profile and Visit Profile forms where patients can easily get one when they enter the clinic. Label the stacks/boxes/bins in such a way as to guide patients to choose the proper form.



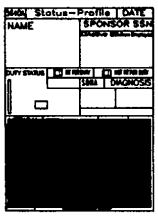
Form Use:

	STATUS–PROFILE	VISIT PROFILE
Active Duty	Must be used for: 1) duty status visit 2) first visit	May be used for any other visit
Civilian Employee	Must be used for: 1) duty status visit 2) first visit	May be used for any other visit
Retiree	No use	Use for all visits
Dependent	No use	Use for all visits

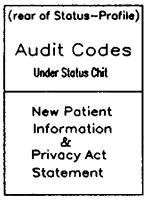
Status-Profile (CG-5460A) - must be used by active duty persons and civilian employees who are either signing into the clinic/sickbay for the first time under CLAMS, or need a duty status chit. It has a limited space for patient identification at the top, a duty status slip (with copies) in the middle, visit information on the lower half, and a detailed patient information section on the back. Illustrations below have the area under discussion marked in some distinctive way; arrows, shaded, or rest of form blacked out.



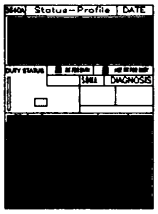
Top left – Mechanical imprinting of the patient's Status name, if available. Have the patient fill in the Profile appropriate data if mechanical imprinting is not used.



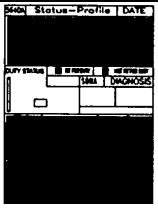
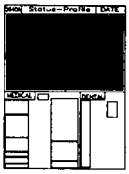
Top right - Date of visit is entered by the Status patient. The patient's social security number (SSN) Profile and status (active duty or civilian employee) are also required if mechanical imprinting is not used.

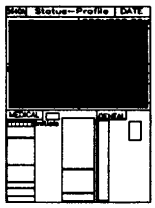


Rear - For a patient's first clinic visit after Audit Codes installation of the CLAMS data base, more information is required on the back of the form.

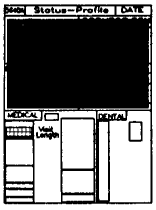


Middle Section – Duty status chits are issued under CLAMS in the same manner as they were before CLAMS. Fit for duty (FFD) chits are required for grounded members cleared for aviation duties, and for members returned to full duty before their restricted duty status has expired. The provider fills out and signs the duty status chit (with firm pressure, because two tear-off patient copies are produced at the same time). DIF (under FIT FOR FULL DUTY) stands for Duties Involving Flight.

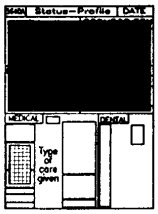
	A **diagnosis** must be included on each duty status Status chit issued, including FFDs chits. If the Profile practitioner does not want the diagnosis to appear on the binnac list, enter an asterisk (*) after the written diagnosis. Thus a data base entry of "gonorrhea*" will appear as " " on the binnacle list. If inpatient, place a "$" after the diagnosis. If the illness or injury resulting in the duty restriction was (S) ports, (O) ccupational, (M) otor vehicle, or (A) lcohol related, check the applicable | S | O | M | A | block(s). More than one block can be checked if appropriate. *Note: Recording an alcohol related injury may not require an "official " determination of an alcohol related incident. Refer to Chapter 20, COMDTINST M1000.6 (series), Personnel Manual, for further guidance.* CLAMS will accommodate two concurrent duty statuses on a patient. For example, a shorter duration NFFD for a viral syndrome can be superimposed on a long-standing FFLD status for an ankle sprain. CLAMS will also accommodate two serial (one after the other) statuses. For example, one day of NFFD followed by a week of FFLD for an ankle sprain. These can be noted on the same duty status chit and entered into the database at the same time. Both diagnoses and/or statuses will appear on the binnacle list.
	*Note: Your binnacle list(s) can be generated from information in this section of the Status-Profile form.* **Lower half of the form** - is for specific workload Profile infor mation. If the visit will count as an outpatient visit (OPV) as defined by COMDTINST M000.1 Chapter 6-A-1, the care giver's initials are required. For medical and dental record purposes, the OPV care giver is the individual who ultimately assumes responsibility for the patient's treatment. You are the care giver for a visit if: a) your SOAP note is recorded in the health record, b) you assumed ultimate responsibility for the patient's treatment, and c) you signed the medical record entry. Answering a question about a finding or treatment for another practitioner does not make you the caregiver of record. Also, a health services technician who performs a preliminary assessment (history, exam, and a plan) and then turns the patient over to a medical officer or other practitioner is not the OPV care giver and should not initial a box. A telephone call by a health services technician to the duty practitioner in regard to a patient may constitute a transfer of responsibility, provided the duty practitioner's assessment and plan are recorded in the health record for his signature.



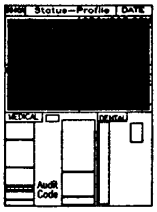
ENCLOSURE - **Left side (lower half)** - There are two boxes Status available for OPV care giver initials. A physician, Profile physician assistant, nurse practitioner, physical therapist, mental health practitioner, medical health services technician, or medical extern initials the first box. The second box is also used when another problem which meets the OPV criteria is addressed by a second practitioner.



ENCLOSURE - Check one visit length: "Limited" (less than 15 Status minutes), "Intermediate" (15-30 minutes), or "Extended" Profile (more than 30 minutes), based on the number of minutes the OPV care giver actually spent with the patient or working on the patient's problem (reading x-rays, checking lab work, etc.)

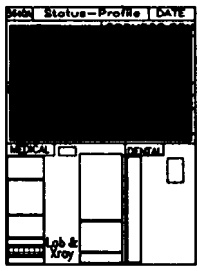


ENCLOSURE - In the column of boxes under the visit length, indicate Status the type(s) of care provided during the visit. Use Profile check marks for all boxes except initials (discussed above), audit codes, lab test(s), and medical x-rays. Check "routine exam" box only when an SF-88 type exam is done on an active duty member.



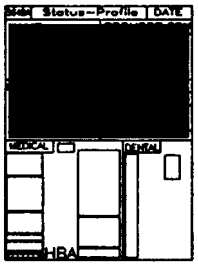
ENCLOSURE - If the OPV deals with one of the audit codes listed on Status the back of the form, place the appropriate 2 letter Profile code in the audit code box. These codes will help you generate lists of patients for the quality assurance monitoring and evaluation audits, and will save you the time and effort which would otherwise be required to prepare a list of patients seen for a particular problem.

Clinics can create their own codes for their own purposes if desired. These would be in addition to the audit codes listed on the back of the form. Two codes may be entered for each OPV. CLAMS will allow searching for any additional codes you might develop



ENCLOSURE - Lab and x-ray - use numbers to indicate quantities of Status tests performed. Keep in mind:

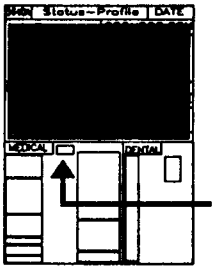
- an SMAC-24 is 1 test, not 24
- a CBC is 1 test
- a routine & microscopic urinalysis is
- 1 test
- each exposure is 1 x-ray
- culture is 1 test
- sensitivity is 1 test, etc.



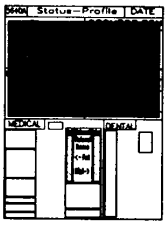
ENCLOSURE - Health benefits advice by itself does not constitute Status an OPV. However, it is work, and facilities should Profile account for time expended. For episodes of health benefits advice (by telephone or in person) lasting more than three minutes, the advisor will enter his/her initials in the box provided.

There is no block for prescription count. Prescription counts will be automatically tallied by the pharmacy module of CLAMS. Patients using the pharmacy only (outside Rx or a refill) do not need to fill out a Visit Profile sheet, except for their first visit when you will need all the information. If for some reason you are not using CLAMS for this purpose, you will be prompted to enter your total number of prescriptions filled when you are printing the HSSR.

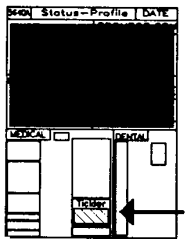
Note: Immunizations and EKGs are no longer counted.



ENCLOSURE - Check the NON-OPV box if no aspect of medical or dental Status care meets the criteria for an OPV. If you check Profile NON-OPV, do not enter OPV caregiver(s) initials.



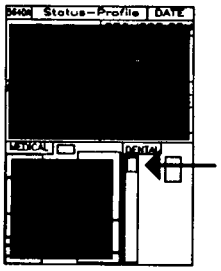
ENCLOSURE - **Center (lower half)** - Place provider initials in Status- the box by any referral(s) made or ordered. Initial Profile the FED (federal facility, e.g., USMTF, USTF) or NFED (non-federal, e.g., non-fed med, supplemental care, CHAMPUS, outside contract, etc.) column, as appropriate. In-house referrals to contract providers as well as referrals to other Coast Guard clinics are exempt from this reporting. *DO NOT* mark a referral box for one of these.



ENCLOSURE - Check the box for any tickler items performed. Status- Profile

Check the box for third party, if applicable. (For third-party liability guidelines, see COMDTINST 6010.16.)

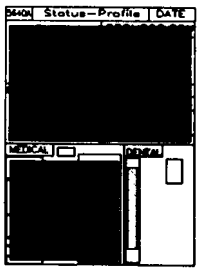
Right side (lower half) - Dental follows the same general guidelines as the left (medical) side, e.g., the initials of the attending dental officer, dental



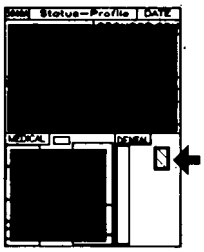
ENCLOSURE - extern, health services technician, or dental hygienist Status- (see below) go in the OPV Caregiver box, whereas t the Profile person who performs a simple prophylaxis initials the box labeled Prophy Giver.

When a dental officer or hygienist provides deep scaling and/or curettage along with prophylaxis, they shall initial the (dental) OPV Caregiver box and indicate the number of quadrants in the non-surg perio box. In the case of the hygienist, credit for a non-surg perio treatment may be taken only if the dental officer administered a local anesthetic.

Check the exam box only when a comprehensive, diagnostic oral examination (Type 1 or 2) is performed and documented in the dental record using SOAP format. In most cases, this will be an annual or semi-annual dental examination or a periodic physical examination.



ENCLOSURE - All work *completed* by the dental OPV care giver Status- will be recorded by numerals in the corresponding Profile boxes to indicate the number of work units finished within each category. If a dental procedure is begun, but not finished, during a visit, the dental care giver shall initial the (dental) OPV Caregiver box for an OPV credit, but shall not put a number in a box below until the work is completed during a subsequent visit.

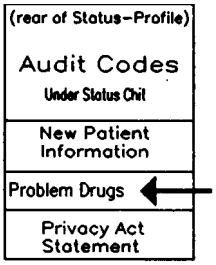


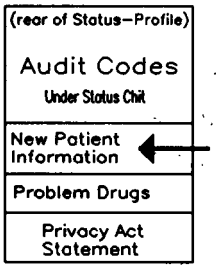
At the end of the visit, enter the dental ENCLOSURE classification of the patient in he upper right-hand Status- corner box ("1","2", or "3").

Check the DSO/P box if Profile a panograph was done IAW COMDTINST 6600.2 (series) *OR* a review of interval history indicated that existing panograph as still adequate for patient identification. This will reset the time nterval in the tickler portion of CLAMS.

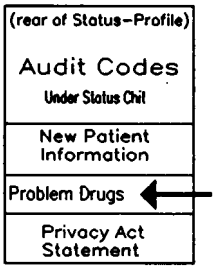
Enter the number of dental X-ray exposures (panographs count as 6) in the box provided. Panographs done for diagnostic purposes which will not be duplicated and sent to DEERS Support Office (DSO) will be counted as X-rays, but no check should be made in the DSO/P box.

Check the Biopsy box if one was done. This will cause CLAMS to give the provider automatic follow-up information and, when results are received, rint a letter notifying the patient of the biopsy results.

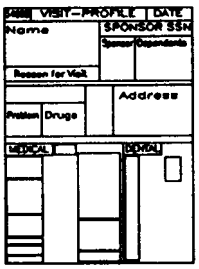




verse - Active duty patients (of any service) and civilian employees must complete this Codes visit. Clinic personnel shall ensure that all n is recorded, including all "Check as Reservists are to be entered into the database as s of their respective service.

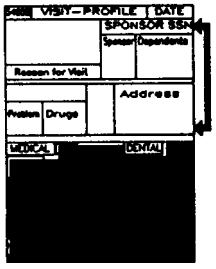


ENCLOSURE - **Problem Drugs"** refers to any medication(s) causing Audit the patient adverse or allergic reactions. To ensure Codes that a caution message will appear on screen, in case a problem drug is inadvertently prescribed, enter the problem drug into the patient's database just as it appears in the clinic's formulary.



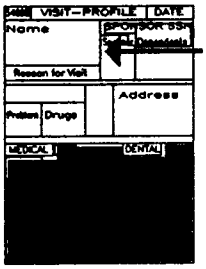
Visit Profile (CG-5460B) - must be used by ALL dependents and retirees. It can also be used by active duty and civilian employees if they have previously been entered into the data base and do not need a status chit. If a Visit Profile Sheet is started on a patient who turns out to need a status chit, discard the Visit Profile and start over on a Status-Profile. Visit Profile sheets should be used by most active duty patients for the dental clinic, most non-sick call visits (except refill or renewal of a prescription), health benefit visits, weight checks, follow-up lab testing, immunizations, allergy shots, audio grams, etc.

The bottom half of this form is virtually identical to the Status-Profile sheet, so these paragraphs will only cover the few differences. For all other blocks/sections, see the Status-Profile instructions.

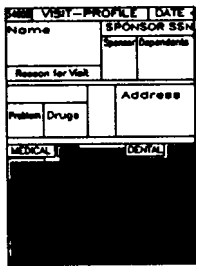


Top Half - A new patient must fill out all information on the top half of the form. A staff member (front desk or provider) should carefully review the form for completeness before the patient leaves the building since the patient cannot be properly entered into the data base without ALL this information.

Note: The New Patient Information section will not have to be used again unless there is a change of address, phone, or drug reactions.

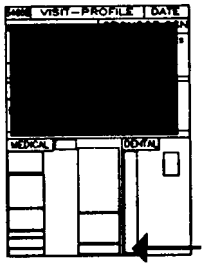


Top left - Mechanical imprinting of the patient's name, if available; if not, the patient fills in. Reason for Visit box is optional and is provided for facility triage. Its use will probably save both you and the patient time.



Top right date - The date must be filled in at each visit.

Top right - If mechanical imprinting was not used or if the addressograph card lacks some information, this section should be filled in at each visit. Otherwise, leave it blank.



Bottom - The "Third Party" block is to be filled out by the clinic staff. Note that it includes dependent/retiree referral for inpatient care at a DOD facility.

Reverse - (not shown here) Blank except for privacy act information and audit codes. This is a good place to put any addresses to which requests for old medical records should be sent.

REVIEW PROCESS FOR REFERRALS, PAP SMEARS, BIOPSIES, AND MAMMOGRAMS

When referrals, Pap smear results, biopsy results, or mammographic studies are returned to the facility, they are to be stapled to a blank Visit Profile and then given to the referring ractitioner for review.

The practitioner shall initial the OPV Caregiver box and draw a line through either "Pap", "Biopsy", or the referral type (e.g., Dental, ENT, Surgery) on the form as appropriate to indicate the report was received and reviewed. When entered into the database, the item will be deleted from that practitioner's listing of outstanding referrals/Paps/biopsies/mammograms.

Referral review process exceptions - Alcohol, emergency, and general practice referrals are not included on outstanding referral reports, so the return visit 'cross-out' step is not equired. Such referrals will be counted in the monthly totals.

The Medical Manual now requires that all patients who undergo a Pap smear, biopsy, or mammogram ordered by the clinic be notified of the results. CLAMS can help with this. In addition to the line-through step described above, indicate that results were normal/acceptable (i.e., negative) and no follow up is needed by placing a minus sign ('-') in a circle to the left of the item. Indicate that the results were not acceptable (i.e., positive) or that follow-up activity is required by placing a plus sign ('+') in a circle to the right of the item.

Personalized notification letter - Based on the results of the Pap smear, biopsy, or mammogram, CLAMS will print a letter addressed to the patient (the letter templates are included with the data base). A practitioner may prefer to telephone the patient directly for notification. If so, note on the report this method was used and discard the CLAMS-generated letter.

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
CG-5460A (4-91)

STATUS—PROFILE

New Patient Information and Privacy Act Statement on reverse

DATE Month / Day / Year

NAME

Last *First* *MI*

SPONSOR SOCIAL SECURITY NUMBER

☐ Active ☐ Civilian Employee

If you are a new patient to the clinic, please complete the information on the reverse side

—CLINIC USE ONLY BELOW THIS LINE—

DUTY STATUS

☐ FIT FOR FULL DUTY
☐ OK DIF/DUNKER/CHAMBER

☐ NOT FIT FOR DUTY For _____ Day(s) ☐ SIQ ☐ Inpatient

☐ LIMITED DUTY For _____ Day(s)

LIMITATIONS
- ☐ Desk Work Only
- ☐ Grounded
- ☐ No Sports or PT
- ☐ No Boat or Sea Duty
- ☐ No Prolonged Standing or Walking
- ☐ Work Hours as Tolerated
- ☐ No climbing
- ☐ No Lifting Over [ ] Pounds
- ☐ No Use of:
- ☐ Other

DIAGNOSIS

S	O	M	A

RETURN TO CLI

Month

☐ Return to clinic as needed for follow-up

☐ Flight Surgeon evaluation required for return to duties involving flight

MEDICAL

☐ Non-OPV

		FED		NFED
			Dermatology	
			Emergency	
			ENT	
			Eye	
			General Practice	
			GYN/OB	
			Internal Medicine	
			Mammogram	
			Mental Health	
			Orthopedics	
			Other	
			Pediatrics	
			Physical Therapy	
			Surgery	

		OPV Caregiver(s)
		Limited Visit (0-15)
		Intermediate (15-3[illegible])
		Extended ( )
		After Hours OP
		Biopsy
		Lac Repairp/Cast/Splint
		Narrative Summary
		Pap
		Telephone OPV
		Routine Exam
		OMMP Basic Exam
		Subst/Overseas
		Foodhandler
		Audit Code
#		Lab Test(s)
#		Medical X-Rays
		Health Benefit Advice (Initials)

	TICKLER UPDATE
	Audiogram
	PPD/C.X-Ray for TBC
	HIV
	Influenza
	Tetanus/Diphtheria
	Yellow Fever

THIRD PARTY

☐ Injury with potential third party liability

DENTAL

		OPV Caregiver
		Prophy Giver
		Exam
		Restoration(s)
		Surface(s)
		Root Canal(s)
		Pulpotomy(ies)
		Impaction(s)
		Extraction(s)
		Other Surg/Quad
		Non-Surg Perio/Quad
		Sealant(s)
		Denture Partial/Full/Arch
		Treatment Appliances/Arch
		Cast Unit(s)
		Acid Etch Unit(s)
		Mouth Guard/Arch
		Study Model
		After Hours OPV
		Telephone OPV

	Class
	DSO/Pano
#	Dental X-Rays
	Biopsy

MISC.

1.
2.
3.

SN7530-01-GF3-2520

4088 1 1—M 34g

Enclosure (2) to COMDTINST 6010.18A (reverse)

AUDIT CODES

AG —Acute Gastroenteritis
AV —Abnormal Vaginal Bleeding
BA —Bronchial Asthma
BM —Breast Mass
BS —Blood in Stool
CH —Cholesterol Problem
CP —Chest Pain
DE —Depression
DM —Diabetes Mellitus
DY —Dyspepsia
HA —Headache
HE —Hematuria
HI —Head Injury
HT —Hypertension
LB —Low Back Pain
MS —Minor Surgery
OM —Otitis Media
PF —Pediatric Febrile Illness
PP —Pelvic Pain
PY —Pyoderma
SI —Sinusitis
ST —Strep Throat
TD —Thyroid Disorder
UR —URI
UT —Urinary Tract Infection
WC —Well Child Exam

NEW PATIENT INFORMATION

ACTIVE DUTY (All Services) AND CIVILIAN EMPLOYEES

SERVICE USCG USA USN USAF USMC OTHER

UNIT

ADDRESS Street

DEPT / DIVISION

City

State Zip

CHECK AS APPROPRIATE

☐ Hearing Conservation Program
☐ Command Afloat
☐ Landing Signal Officer
☐ Civilian Employee
☐ Male
☐ Female
☐ Alert Force
☐ Aviation
☐ Foodhandler

PHONE Home: ( ) Work: ( )

DATE OF BIRTH Month Year

PROBLEM DRUGS

1. 2. 3. 4. 5.

PRIVACY ACT STATEMENT

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
2. Principle Purpose(s) for which information is intended to be used is the documentation of your health care. The SSN is required to identify authorized beneficiaries and retrieve health records.
3. The routine uses will be to plan and coordinate future health care needs through the use of data collection.
4. Disclosure of the information is mandatory because of the need to document all active duty medical incidents and for all other personnel/beneficiaries to document their eligibility. If the requested information is not furnished, comprehensive health care will not be possible. Emergency/Urgent health care will not be denied.

40881.2—M 34c

DEPARTMENT OF TRANSPORTATION
U.S. COAST GUARD
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VISIT PROFILE

See Privacy Act Statement on reverse

DATE Month Day Year ____/____/____

NAME *Last* *First* *MI*

SPONSOR SOCIAL SECURITY NUMBER ___ ___ ___ - ___ ___ - ___ ___ ___ ___

SPONSOR
- ☐ Active Duty
- ☐ Active Dependent
- ☐ Retiree
- ☐ Reservist
- ☐ Civilian Employee
- ☐ Non-Beneficiary

DEPENDENTS
- ☐ Active Duty ☐ Retired
- ☐ Spouse
- ☐ Child *(circle birth order)* 1 2 3 4 5 6 ___
- ☐ Unremarried Former Spouse
- ☐ Sponsor's Parent/In-Law

REASON FOR VISIT:

NEW PATIENT INFORMATION

Medical insurance other than CHAMPUS? ☐ Yes ☐ No

Do you intend to use the clinic regulary? ☐ Yes ☐ No

PROBLEM DRUGS:

1. 2. 3. 4. 5.

SERVICE
- ☐ USCG
- ☐ USA
- ☐ USN
- ☐ USAF
- ☐ US[illegible]

ADDRESS

Street

City

Sta[illegible] Zip

[illegible]e:

Work:

[illegible]dical insurance other than CHAMPUS? ☐ YES ☐ NO

Do you intend to use the clinic regularly? ☐ YES ☐ NO

—CLINIC US[illegible]ELOW THIS LINE—

MEDICAL

☐ Non-OPV

	OPV Caregiver(s)
	Limited Visit (O-1[illegible]
	Intermediate
	Extend
	After Hours OPV
	Biopsy
	Lac Repair/Cast/Splint
	Narrative Summary
	Pap
	Telephone OPV
	Routine Exam
	OMMP Basic Exam
	Subst/Overseas
	Foodhandler
	Audit Code
#	Lab Test(s)
#	Medical X-Rays
	Health Benefit Advice *(Initials)*

	[illegible]ERRALS	NFED
	[illegible]cohol	
	Dental	
	Dermatology	
	Emergency	
	ENT	
	Eye	
	General Practice	
	GYN/OB	
	Internal Medicine	
	Mammogram	
	Mental Health	
	Orthopedics	
	Other	
	Pediatrics	
	Physical Therapy	
	Surgery	

	TICKLER UPDATE
	Audiogram
	PPD/C.X-Ray for TBC
	HIV
	Influenza
	Tetanus/Diphtheria
	Yellow Fever

THIRD PARTY
- ☐ Injury with potential third party liability
- ☐ Dependent or retiree referred for inpatient care at DOD Facility

DENTAL

	OPV Caregiver		Class
	Prophy Giver		DSO/Pano
	Exam	#	Dental X-Rays
			Biopsy
	Restoration(s)		
	Surface(s)		
	Root Canal(s)		
	Pulpotomy(ies)		
	Impaction(s)		
	Extraction(s)		
	Other Surg/Quad		
	Non-Surg Perio/Quad		
	Sealant(s)		
	Denture Partial/Full/Arch		
	Treatment Appliances/Arch		
	Cast Unit(s)		
	Acid Etch Unit(s)		
	Mouth Guard/Arch		
	Study Model		
	After Hours OPV		
	Telephone OPV		

MISC.
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SN 7530-01-GF3-2530

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